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**\*BIBDATASHEET\***

CONFIRMATION NO. 1812

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/019,342	<b>FILING OR 371(c) DATE</b> 12/21/2001 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 2458-4042US5
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**APPLICANTS**

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 J. Claiborne Stephens, Residence Not Provided;  
 Andreas K. Windemuth, Residence Not Provided;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of PCT/US00/17540 06/26/2000  
 which claims benefit of 60/141,521 06/25/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

25106

**TITLE**

Methods for obtaining and using haplotype data

<b>FILING FEE RECEIVED</b> 2134	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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**CONFIRMATION NO. 1812**

SERIAL NUMBER 10/019,342	FILING DATE 12/21/01 RULE	CLASS 702	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 2458-4042US5		
APPLICANTS MP# 12/15/04 Richard Rex Denton, Residence Not Provided; Richards, Judson    Andreas K. Windemuth J. Claiborne Stephens MP# 12/15/04 ** CONTINUING DATA ***** This application is a 371 of PCT/US00/17540 06/26/2000 continuation of 60/141521 6/25/99 ** FOREIGN APPLICATIONS ***** see petition 11/22/01 11/29/01						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance MP# 12/15/04 Examiner's Signature      Initials	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
ADDRESS 25106 GENAISSANCE PHARMACEUTICALS 5 SCIENCE PARK NEW HAVEN , CT 06511						
TITLE Methods for obtaining and using haplotype data						
FILING FEE RECEIVED 2112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		